

STROMNESS ACADEMY COMMUNITY SCHOOL

DINING HALL / KITCHEN : SPECIAL FUNCTION

Booking Group / Individuals

Name of Group / Individual _____

Contact address _____

Telephone no: Daytime _____ Evening _____

Type of function (eg Dinner Dance, Wedding, etc)
[Please read notes overleaf before completing the form]

Type of function _____

Day and Date of function _____ Start time Finish time

Estimate of Number to attend Meal (Maximum number = 240) Total number to attend Dance (Maximum number = 350)

Will you require use of i) Staging Yes / No ii) Disco Lighting Yes / No

Do you require use of any other facilities eg: Entrance Foyer, Coffee Bar, Theatre (for photos), etc?

Please give details _____

Do you require access to the facilities on the night prior to the function for decorating etc (see note 3)?

Yes / No

If yes, please state i) the time when access is required

ii) an estimate of the no of hours required

Details of Caterers & Licensee Name & Address of Caterer _____

_____ Telephone no _____

Name & Address of Licensee (if different from above) _____

_____ Telephone no _____

I have read the "Conditions of Let" given overleaf and agree to abide by them.

Signed _____ Date _____

Address to which invoice should be sent if different from above _____

Completed forms should be returned to:
Front Office, Community School, Stromness Academy, Stromness, Orkney, KW16 3JS (Tel: 850660)